Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Internet and Personal Computer Diskette Documentation

The Annual Utilization Report of Long Term Care Facilities

For Calendar Year

1998

TABLE OF CONTENTS

The Office of Statewide Health Planning and Development (OSHPD) produces a data file which contains 300 elements of utilization data from the Annual Utilization Report of Long Term Care (LTC) facilities.

The data file includes utilization information from each of California's Long Term Care facilities. OSHPD staff reviews each report and corrections are made to the data in consultation with the LTC facility staff. Once the reports are completed, the database is closed and made available to the public.

Data Availability

The data file available on the OSHPD Internet site covers the 1998 calendar year: January 1, 1998 – December 31, 1998. The full database for Individual Long Term Care facility utilization is also available on diskette, magnetic tape, or cartridge. Contact the OSHPD Sales, Marketing and Production Section at (916) 322-2814 if you would like to obtain this product.

Documentation

This Internet version of the documentation includes the definitions of the data elements from Annual Utilization Report of Long Term Care Facilities and a description of each data element (field). The most recent file contains 300 data elements (not all of which may be present for every facility) submitted by 1258 facilities.

Standard Data File Format

Due to the number of data items, the data are separated into two files. File one (ltc9801.txt) contains basic long term care facility identification information and the data items from report pages 0 through 4; file two (ltc9802.txt) contains the data items from report pages 5 through 6.

The files have been compressed and are in a comma-separated text (TXT) format for use in spreadsheet and database applications. SAS and other statistical programs can also read the files. The first row will contain column titles that can be used as database names or spreadsheet titles.

If you are having or believe you will have trouble processing the TXT file format, please contact a technical representative in Sales, Marketing and Production at (916) 322-2814, and indicate your concerns. We attempted to produce a data product that will meet the needs of most data users, but do not want to exclude anyone from gaining access to the data. If your question is more of a technical nature, having to do with operation of spreadsheet software, please address them to the software manufacturer's technical support line.

Data File Description

Each line (row) represents one Long Term Care facility. The 300 data elements (columns) represent the data for 1258 LTC facilities.

Data File Specifications

In the Data File Specifications that follow, these data format representations are used:

Item No.-----Each data field is assigned an item number, which is referenced consistently throughout this documentation.

Column------Indicates the column in which the data item is located if the file is imported into a spreadsheet.

Field Title---The title of each data item that can be used as database names or spreadsheet titles. We limited the titles to eight characters.

Data Item----Most titles are numeric, which represent the report page, line, and column of the data item.

Data Type---Indicates if field is TEXT, NUMERIC or CODED, as defined below:

TEXT	Alphanumeric	Alphabetic and/or numeric data, left justified, and space filled
NUMERIC	Numeric	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)
CODED	Coded data	Data is coded directly from the in house Licensing File System (LFS)

Field Size--Indicates the maximum field size.

Data Field Definitions

This section contains the definitions of the data items, listed by Item Number.

DATA FILE SPECIFICATIONS

This section contains the data file specifications for the data fields. For each data item, it specifies: 1) the number of the data field (Item No.); 2) a spreadsheet column reference (Column); 3) the title of the field (Field Title); 4) the data item's name (Description); 5) the type of data (Data Type); and 6) the size of the field (Field size).

File 1-ltc9801.txt   Begins on Page 4

File 2-ltc9802.txt   Begins on Page 7

LONG TERM CARE UTILIZATION
Data File 1

File 1(ltc9801txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Long Term Care Facility Utilization Report Information – File 1					
1	A	FACNO	Facility Identification Number	Coded	9
2	B	COUNTY	County Number	Coded	2
3	C	PERMID	OSHPD Permanent ID Number	Coded	4
4	D	LICTYPE	LFS License Type	Coded	1
5	E	LICDATE	LFS First Licensed Date	Coded	8
6	F	LSTAT	LFS Status Code	Coded	1
7	G	LSTATDT	LFS Status Date	Coded	8
8	H	OSTAT	Open Status Code	Coded	1
9	I	OSTATDT	Open Status Date	Coded	8
10	J	ConNumA	Consolidation Type	Coded	1
11	K	ConNumB	Consolidation Parent/Satellite	Coded	1
12	L	Con NumC	Consolidation Sequence Number	Coded	3
13	M	ConDate	Consolidation Date	Coded	8
General Facility Information					
14	N	DBAName	Facility Name DBA (on 12/31)	Text	50
15	O	DBAAddr	Facility Address (DBA)	Text	30
16	P	DBACity	Facility City (DBA)	Text	20
17	Q	DBAZip	Zip Code (DBA)	Text	10
18	R	MLAttn	Facility Attention (Mailing Address)	Text	30
19	S	MLAddr	Facility Address (Mailing Address)	Text	30
20	T	MLCity	Facility City (Mailing Address)	Text	20
21	U	MLState	State (Mailing Address)	Text	2
22	V	MLZip	Zip Code (Mailing Address)	Text	10
23	W	HSA	HSA (Health Service Area) Codes: 01‑14	Numeric	2
24	X	HFPA	HFPA (Health Facility Planning Area, Codes: 0101‑1424)	Numeric	4
25	Y	COMPSTAT	Computed Status Code	Coded	3
26	Z	P000102	Utilization Type	Numeric	1
27	AA	P000103	Report Status	Numeric	2
28	AB	P000106	License Type	Numeric	1
29	AC	P010301	Phone Number	Numeric	10
30	AD	P020101	Dates of Operation: From (CCYYMMDD)	Numeric	8
31	AE	P020102	Dates of Operation: Through (CCYYMMDD)	Numeric	8
32	AF	P020201	Licensee (Ownership Type)	Numeric	2
Hospice Program					
33	AG	P030101	Hospice Program offered during year?	Numeric	1
Long Term Care Services					
34	AH	P030501	Medicare: Skilled Nursing	Numeric	1
35	AI	P030502	MediCal: Skilled Nursing	Numeric	1
36	AJ	P030503	MediCal Intermediate Care	Numeric	1
37	AK	P030504	MediCal: Intermediate Care/DD	Numeric	1
38	AL	P030505	MediCal: Subacute	Numeric	1

File 1(ltc9801txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Length of Stay In Facility					
39	AM	P031101	Total Discharges	Numeric	4
40	AN	P031201	Less Than 2 Weeks	Numeric	4
41	AO	P031301	2 Weeks Less Than 1 Month	Numeric	4
42	AP	P031401	1 Month Less Than 3 Months	Numeric	4
43	AQ	P031501	3 To 6 Months	Numeric	4
44	AR	P031601	7 To 12 Months	Numeric	4
45	AS	P031701	1 year, Less than 2	Numeric	4
46	AT	P031801	2 Years, Less than 3	Numeric	4
47	AU	P031901	3 Years, Less than 5	Numeric	4
48	AV	P032001	5 Years, Less than 7	Numeric	4
49	AW	P032101	7 Years, Less Than 10	Numeric	4
50	AX	P032201	10 Years or More	Numeric	4
Special Programs					
51	AY	P034101	Patients Diagnosed with AIDS, ARC or HIV Related Disease	Numeric	4
52	AZ	P034201	Specialized Alzheimer's Program	Numeric	1
53	BA	P034301	Patients w/Primary or Secondary Diagnoses Alzheimer's Disease	Numeric	4
Long Term Care Services Utilization Data Tables Patients Census on December 31 Prior Reporting Year					
54	BB	P040101	Skilled Nursing (General)	Numeric	4
55	BC	P040102	Intermediate Care (General)	Numeric	4
56	BD	P040103	Skilled Nursing-Mentally Disordered	Numeric	4
57	BE	P040104	Intermediate Care-Developmentally Disabled	Numeric	4
58	BF	P040105	Congregate Living	Numeric	4
59	BG	P040106	Total Patient Years Census-12/31(previous year)	Numeric	4
Admissions					
60	BH	P040201	Skilled Nursing General	Numeric	4
61	BI	P040202	Intermediate Care (General)	Numeric	4
62	BJ	P040203	Skilled Nursing Mentally Disordered	Numeric	4
63	BK	P040204	Intermediate Care-Developmentally Disabled	Numeric	4
64	BL	P040205	Congregate Living	Numeric	4
65	BM	P040206	Total Admissions	Numeric	4
66	BN	P040207	Place Admitted From-Home	Numeric	4
67	BO	P040208	Place Admitted From-Hospital	Numeric	4
68	BP	P040209	Place Admitted From-State Hospital	Numeric	4
Admissions Continued					
69	BQ	P040210	Place Admitted From-Other Long Term Care	Numeric	4
70	BR	P040211	Place Admitted From-Residential/Board & Care	Numeric	4
71	BS	P040212	Place Admitted From–Other	Numeric	4
Discharges					
72	BT	P040301	Skilled Nursing (General)	Numeric	4
73	BU	P040302	Intermediate Care (General)	Numeric	4
74	BV	P040303	Skilled Nursing-Mentally Disordered	Numeric	4
75	BW	P040304	Intermediate Care-Developmentally Disabled	Numeric	4

File 1(ltc9801txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
76	BX	P040305	Congregate Living	Numeric	4
77	BY	P040306	Total Discharges	Numeric	4
78	BZ	P040307	Placed Discharged To-Home	Numeric	4
79	CA	P040308	Placed Discharged To-Hospital	Numeric	4
80	CB	P040309	Placed Discharged To-State Hospital	Numeric	4
81	CC	P040310	Placed Discharged To-Other Long Term Care	Numeric	4
82	CD	P040311	Placed Discharged To-Residential/ Board & Care	Numeric	4
83	CE	P040312	Place Discharged To-Other	Numeric	4
84	CF	P040313	Place Discharged To-AWOL/AMA	Numeric	4
85	CG	P040314	Place Discharged To-Death	Numeric	4

Patient Census on December 31- Current Reporting Year

Item No.	Column	Field Title	Description	Data Type	Field Size
86	CH	P040401	Skilled Nursing (General)	Numeric	4
87	CI	P040402	Intermediate Care (General)	Numeric	4
88	CJ	P040403	Skilled Nursing-Mentally Disordered	Numeric	4
89	CK	P040404	Intermediate Care-Developmentally Disabled	Numeric	4
90	CL	P040405	Congregate Living	Numeric	4
91	CM	P040406	Total Patient Census on 12/31 (Current Year)	Numeric	4
92	CN	P040407	Reimbursement by Payer Source: Medicare	Numeric	4
93	CO	P040408	Reimbursement by Payer Source: MediCal	Numeric	4
94	CP	P040409	Reimbursement by Payer Source: HMO	Numeric	4
95	CQ	P040410	Reimbursement by Payer Source: Private Ins.	Numeric	4
96	CR	P040411	Reimbursement by Payer Source: Private Pay	Numeric	4
97	CS	P040414	Reimbursement by Payer Source: Other	Numeric	4

Patient (Census) Days

Item No.	Column	Field Title	Description	Data Type	Field Size
98	CT	P040501	Skilled Nursing (General)	Numeric	6
99	CU	P040502	Intermediate Care (General)	Numeric	6
100	CV	P040503	Skilled Nursing-Mentally Disordered	Numeric	6
101	CW	P040504	Intermediate Care-Developmentally Disabled	Numeric	6
102	CX	P040505	Congregate Living	Numeric	6
103	CY	P040506	Total Patient (Census) Days	Numeric	6

Licensed Beds

Item No.	Column	Field Title	Description	Data Type	Field Size
104	CZ	P040601	Skilled Nursing (General)	Numeric	4
105	DA	P040602	Intermediate Care (General)	Numeric	4
106	DB	P040603	Skilled Nursing-Mentally Disordered	Numeric	4
107	DC	P040604	Intermediate Care-Developmentally Disabled	Numeric	4
108	DD	P040605	Congregate Living	Numeric	4
109	DE	P040606	Total Patient (Census) Days	Numeric	4

Licensed Bed Days

Item No.	Column	Field Title	Description	Data Type	Field Size
110	DF	P040701	Skilled Nursing (General)	Numeric	6
111	DG	P040702	Intermediate Care (General)	Numeric	6
112	DH	P040703	Skilled Nursing-Mentally Disordered	Numeric	6
113	DI	P040704	Intermediate Care-Developmentally Disabled	Numeric	6
114	DJ	P040705	Congregate Living	Numeric	6
115	DK	P040706	Total Licensed Bed Days	Numeric	6

LONG TERM CARE UTILIZATION
Data File 2

File 2(ltc9802txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Long Term Care Facility Utilization Report Information – File 2					
116	A	FACNO	Facility Identification Number	Numeric	9
Total Long Term Care Patients by Gender On December 31 of the Reporting Year					
117	B	P050101	Total Number of Patients	Numeric	5
118	C	P050201	Number of Male Patients	Numeric	5
119	D	P050301	Number of Female Patients	Numeric	5
Race/Ethnicity and Age Of Male LTC Patients on December 31					
			White:		
120	E	P050401	Under 45 Years	Numeric	4
121	F	P050402	45-54 Years	Numeric	4
122	G	P050403	55-64 Years	Numeric	4
123	H	P050404	65-74 Years	Numeric	4
124	I	P050405	75-84 Years	Numeric	4
125	J	P050406	85-94 Years	Numeric	4
126	K	P050407	95 Years and Older	Numeric	4
			Black:		
127	L	P050501	Under 45 Years	Numeric	4
128	M	P050502	45-54 Years	Numeric	4
129	N	P050503	55-64 Years	Numeric	4
130	O	P050504	65-74 Years	Numeric	4
131	P	P050505	75-84 Years	Numeric	4
132	Q	P050506	85-94 Years	Numeric	4
133	R	P050507	95 Years and Older	Numeric	4
			Hispanic:		
134	S	P050601	Under 45 Years	Numeric	4
135	T	P050602	45-54 Years	Numeric	4
136	U	P050603	55-64 Years	Numeric	4
137	V	P050604	65-74 Years	Numeric	4
138	W	P050605	75-84 Years	Numeric	4
139	X	P050606	85-94 Years	Numeric	4
140	Y	P050607	95 Years and Older	Numeric	4
			Asian:		
141	Z	P050701	Under 45 Years	Numeric	4
142	AA	P050702	45-54 Years	Numeric	4
143	AB	P050703	55-64 Years	Numeric	4
144	AC	P050704	65-74 Years	Numeric	4
145	AD	P050705	75-84 Years	Numeric	4
146	AE	P050706	85-94 Years	Numeric	4
147	AF	P050707	95 Years and Older	Numeric	4

File 2(ltc9802txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Race/Ethnicity and Age Of Male LTC Patients on December 31 Continued					
			Filipino:		
148	AG	P050801	Under 45 Years	Numeric	4
149	AH	P050802	45-54 Years	Numeric	4
150	AI	P050803	55-64 Years	Numeric	4
151	AJ	P050804	65-74 Years	Numeric	4
152	AK	P050805	75-84 Years	Numeric	4
153	AL	P050806	85-94 Years	Numeric	4
154	AM	P050807	95 Years and Older	Numeric	4
			Pacific Islander:		
155	AN	P050901	Under 45 Years	Numeric	4
156	AO	P050902	45-54 Years	Numeric	4
157	AP	P050903	55-64 Years	Numeric	4
158	AQ	P050904	65-74 Years	Numeric	4
159	AR	P050905	75-84 Years	Numeric	4
160	AS	P050906	85-94 Years	Numeric	4
161	AT	P050907	95 Years and Older	Numeric	4
			Native American:		
162	AU	P051001	Under 45 Years	Numeric	4
163	AV	P051002	45-54 Years	Numeric	4
164	AW	P051003	55-64 Years	Numeric	4
165	AX	P051004	65-74 Years	Numeric	4
166	AY	P051005	75-84 Years	Numeric	4
167	AZ	P051006	85-94 Years	Numeric	4
168	BA	P051007	95 Years and Older	Numeric	4
			Other:		
169	BB	P051101	Under 45 Years	Numeric	4
170	BC	P051102	45-54 Years	Numeric	4
171	BD	P051103	55-64 Years	Numeric	4
172	BE	P051104	65-74 Years	Numeric	4
173	BF	P051105	75-84 Years	Numeric	4
174	BG	P051106	85-94 Years	Numeric	4
175	BH	P051107	95 Years and Older	Numeric	4
			Total Males:		
176	BI	P051201	Under 45 Years	Numeric	4
177	BJ	P051202	45-54 Years	Numeric	4
178	BK	P051203	55-64 Years	Numeric	4
179	BL	P051204	65-74 Years	Numeric	4
180	BM	P051205	75-84 Years	Numeric	4
181	BN	P051206	85-94 Years	Numeric	4
182	BO	P051207	95 Years and Older	Numeric	4

File 2(ltc9802txt)

Item No. Column		Field Title	Description	Data Type	Field Size
			Race/Ethnicity and Age of Female LTC Patients on December 31		
			White:		
183	BP	P051301	Under 45 Years	Numeric	4
184	BQ	P051302	45-54 Years	Numeric	4
185	BR	P051303	55-64 Years	Numeric	4
186	BS	P051304	65-74 Years	Numeric	4
187	BT	P051305	75-84 Years	Numeric	4
188	BU	P051306	85-94 Years	Numeric	4
189	BV	P051307	95 Years and Older	Numeric	4
			Black:		
190	BW	P051401	Under 45 Years	Numeric	4
191	BX	P051402	45-54 Years	Numeric	4
192	BY	P051403	55-64 Years	Numeric	4
193	BZ	P051404	65-74 Years	Numeric	4
194	CA	P051405	75-84 Years	Numeric	4
195	CB	P051406	85-94 Years	Numeric	4
196	CC	P051407	95 Years and Older	Numeric	4
			Hispanic:		
197	CD	P051501	Under 45 Years	Numeric	4
198	CE	P051502	45-54 Years	Numeric	4
199	CF	P051503	55-64 Years	Numeric	4
200	CG	P051504	65-74 Years	Numeric	4
201	CH	P051505	75-84 Years	Numeric	4
202	CI	P051506	85-94 Years	Numeric	4
203	CJ	P051507	95 Years and Older	Numeric	4
			Asian:		
204	CK	P051601	Under 45 Years	Numeric	4
205	CL	P051602	45-54 Years	Numeric	4
206	CM	P051603	55-64 Years	Numeric	4
207	CN	P051604	65-74 Years	Numeric	4
208	CO	P051605	75-84 Years	Numeric	4
209	CP	P051606	85-94 Years	Numeric	4
210	CQ	P051607	95 Years and Older	Numeric	4
			Filipino:		
211	CR	P051701	Under 45 Years	Numeric	4
212	CS	P051702	45-54 Years	Numeric	4
213	CT	P051703	55-64 Years	Numeric	4
214	CU	P051704	65-74 Years	Numeric	4
215	CV	P051705	75-84 Years	Numeric	4
216	CW	P051706	85-94 Years	Numeric	4
217	CX	P051707	95 Years and Older	Numeric	4

File 2(ltc9802txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Race/Ethnicity and Age of Female LTC Patients on December 31 Continued					
			Pacific Islander:		
218	CY	P051801	Under 45 Years	Numeric	4
219	CZ	P051802	45-54 Years	Numeric	4
220	DA	P051803	55-64 Years	Numeric	4
221	DB	P051804	65-74 Years	Numeric	4
222	DC	P051805	75-84 Years	Numeric	4
223	DD	P051806	85-94 Years	Numeric	4
224	DE	P051807	95 Years and Older	Numeric	4
			Native American:		
225	DF	P051901	Under 45 Years	Numeric	4
226	DG	P051902	45-54 Years	Numeric	4
227	DH	P051903	55-64 Years	Numeric	4
228	DI	P051904	65-74 Years	Numeric	4
229	DJ	P051905	75-84 Years	Numeric	4
230	DK	P051906	85-94 Years	Numeric	4
231	DL	P051907	95 Years and Older	Numeric	4
			Other:		
232	DM	P052001	Under 45 Years	Numeric	4
233	DN	P052002	45-54 Years	Numeric	4
234	DO	P052003	55-64 Years	Numeric	4
235	DP	P052004	65-74 Years	Numeric	4
236	DQ	P052005	75-84 Years	Numeric	4
237	DR	P052006	85-94 Years	Numeric	4
238	DS	P052007	95 Years and Older	Numeric	4
			Total Females:		
239	DT	P052101	Under 45 Years	Numeric	4
240	DU	P052102	45-54 Years	Numeric	4
241	DV	P052103	55-64 Years	Numeric	4
242	DW	P052104	65-74 Years	Numeric	4
243	DX	P052105	75-84 Years	Numeric	4
244	DY	P052106	85-94 Years	Numeric	4
245	DZ	P052107	95 Years and Older	Numeric	4
Subacute Care					
246	EA	P060101	Total Subacute Care beds contracted 12/31	Numeric	4
			Number of Subacute Care Patients on 12/31:		
247	EB	P060201	Age 20 & Under	Numeric	4
248	EC	P060202	Age 21 & Over	Numeric	4
			Number of Subacute Care Patients Admitted:		
249	ED	P060301	Age 20 & Under	Numeric	4
250	EE	P060302	Age 21 & Over	Numeric	4

LONG TERM CARE UTILIZATION
Data File 2

File 2(ltc9802txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Subacute Care Continued					
			Number of Subacute Care Patients Discharged:		
251	EF	P060401	Age 20 & Under	Numeric	4
252	EG	P060402	Age 21 & Over	Numeric	4
			Number of Subacute Care Patient Days:		
253	EH	P060501	Age 20 & Under	Numeric	6
254	EI	P060502	Age 21 & Over	Numeric	6
			Place Subacute Patients Admitted From:		
255	EJ	P061001	Home: Age 20 & Under	Numeric	4
256	EK	P061002	Home: Age 21 & Over	Numeric	4
257	EL	P061101	State Hospital: Age 20 & Under	Numeric	4
258	EM	P061102	State Hospital: Age 21 & Over	Numeric	4
259	EN	P061201	Residential/Board & Care: Age 20 & Under	Numeric	4
260	EO	P061202	Residential/Board & Care: Age 21 & Over	Numeric	4
261	EP	P061301	Hospital: Age 20 & Under	Numeric	4
262	EQ	P061302	Hospital: Age 21 & Over	Numeric	4
263	ER	P061401	Other Long Term Care: Age 20 & Under	Numeric	4
264	ES	P061402	Other Long Term Care: Age 21 & Over	Numeric	4
265	ET	P061501	Specified Other: Age 20 & Under	Numeric	4
266	EU	P061502	Specified Other: Age 21 & Over	Numeric	4
			Place Subacute Patients Discharged To:		
267	EV	P062001	Home: Age 20 & Under	Numeric	4
268	EW	P062002	Home: Age 21 & Over	Numeric	4
269	EX	P062101	State Hospital: Age 20 & Under	Numeric	4
270	EY	P062102	State Hospital: Age 21 & Over	Numeric	4
271	EZ	P062201	Residential/Board & Care: Age 20 & Under	Numeric	4
272	FA	P062202	Residential/Board & Care: Age 21 & Over	Numeric	4
273	FB	P062301	Hospital: Age 20 & Under	Numeric	4
274	FC	P062302	Hospital: Age 21 & Over	Numeric	4
275	FD	P062401	Other Long Term Care: Age 20 & Under	Numeric	4
276	FE	P062402	Other Long Term Care: Age 21 & Over	Numeric	4
277	FF	P062501	Specified Other: Age 20 & Under	Numeric	4
278	FG	P062502	Specified Other: Age 21 & Over	Numeric	4
279	FH	P062601	Death: Age 20 & Under	Numeric	4
280	FI	P062602	Death: Age 21 & Over	Numeric	4

File 2(ltc9802txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
			Number of Subacute Patients on 12/31 that Required the Treatment/Procedures Listed		
			(A patient may require more than one treatment/procedure)		
281	FJ	P063101	Tracheostomy with Ventilator: Age 20 & Under	Numeric	4
282	FK	P063102	Tracheostomy with Ventilator: Age 21 & Over	Numeric	4
283	FL	P063103	Tracheostomy w/o Ventilator: Age 20 & Under	Numeric	4
284	FM	P063202	Tracheostomy w/o Ventilator: Age 21 & Over	Numeric	4
285	FN	P063301	Tube Feeding: Age 20 & Under	Numeric	4
286	FO	P063302	Tube Feeding: Age 21 & Over	Numeric	4
287	FP	P063401	Total Parenteral Nutrition: Age 20 & Under	Numeric	4
288	FQ	P063402	Total Parenteral Nutrition: Age 21 & Over	Numeric	4
289	FR	P063501	Physical Therapy: Age 20 & Under	Numeric	4
290	FS	P063502	Physical Therapy: Age 21 & Over	Numeric	4
291	FT	P063601	Speech Therapy: Age 20 & Under	Numeric	4
292	FU	P063602	Speech Therapy: Age 21 & Over	Numeric	4
293	FV	P063701	Occupational Therapy: Age 20 & Under	Numeric	4
294	FW	P063702	Occupational Therapy: Age 21 & Over	Numeric	4
295	FX	P063801	IV Therapy: Age 20 & Under	Numeric	4
296	FY	P063802	IV Therapy: Age 21 & Over	Numeric	4
297	FZ	P063901	Wound Care: Age 20 & Under	Numeric	4
298	GA	P063902	Wound Care: Age 21 & Over	Numeric	4
299	GB	P064001	Peritoneal Dialysis: Age 20 & Under	Numeric	4
300	GC	P064002	Peritoneal Dialysis: Age 21 & Over	Numeric	4

DATA FIELD DEFINITIONS

Note - This section contains the definitions of the data items, <u>listed by Item Number</u>.

1. Facility Number	A nine-digit facility identification number assigned by OSHPD for reporting purposes.
2. County Number	The number of the County in which the facility is located. There are 58 counties in California. Appendix C is a cross-reference between county numbers and names.
3. OSHPD Permanent ID Number	A permanent four-digit facility identification number assigned by OSHPD for internal use.
4. LFS License Type	A one digit numeric code describing the type of license a facility has: 1=Skilled Nursing (General) 2=Intermediate Care (General) 4=Intermediate Care/Developmentally Disabled 6=Congregate Living
5. LFS First License Date	An eight character code that reveals the date of the first license for a facility
6. LFS Status Code	A one character code revealing the status of a licensed facility Blank=License in Operating Status, C=Closed, S=License in Suspense
7. LFS Status Date	The date the facility either closed or went into suspense.
8. Pen Status Code	A one character code revealing the availability of a licensed facility (Blank = use status from LFS Status Code, 0=A previous suspended licensed has been reactivated.)
9. Open Status Date	An eight character text code that reveals the date of a facility's opening.
10. Type of consolidation	This field is for the Parent Only. Indicates the parent of main site and what type of facility it is: 1=Acute, 2=LTC, 3=Both
11. Consolidation Number B	Indicates Parent or Satellite: 9=Parent; 1-8=Satellites
12. Consolidation Number CC	Indicates the sequence of the consolidation.
13. Consolidation Date	The date of consolidation between branches or parent organizations.
14. Facility Name(DBA)	The name under which the facility is doing business as of December 31
15. Facility Address (DBA)	The street address of the facility doing business
16. Facility City (DBA)	The city in which the facility is doing business.
17. Zip (DBA)	The zip code in which the facility is doing business.
18. Facility Attention (Mailing) Address)	A specific person who should receive any mail pertaining to the Hospital Utilization Reports.
19. Facility Address (Mailing Address)	The mailing address of a facility, which may be different than the street address of a facility's DBA (P.O. boxes, corporate office, or consultants).
20. Facility City (Mailing Address)	The city in which the facility mail is delivered to.
21. Facility State (Mailing Address)	The state in which the facility mail is delivered to.

DATA FIELD DEFINITIONS

Facility Zip Code (Mailing Address)	The zip code in which the facility mail is delivered to.
22. Health Service Area (HSA)	Codes 01-14--A two-digit numeric code denoting the HSA in which the facility is located. The HSA's geographic area, consisting of one or more contiguous counties, is designated by the Federal Department of Health and Human Services for health planning on a regional basis.
23. Health Facility Planning Area (HFPA)	Codes 0101-1424—A four digit numeric code denoting the Health Facility Planning Area (HFPA) I which the facility is located. The HFPA is a geographic subdivision of a Health Service Area (HSA) Appendix C identifies the HFPA's that are located in each county.
24. Computed Status Code	A maximum three character numeric code that combines information from the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date: C=Closed during current calendar year K=consolidated during current calendar year NO=New (licensed this calendar year), Operating in 12/31 NS=New(licensed this calendar year), in Suspense on 12/31 NC=New(licensed this calendar year), in Suspense on 12/31 NSM=New (licensed this calendar year), in Suspense during the year, operating on 12/31 OA=Operating all year SA=In suspense all year SB=In suspense on January 1, Operating on December 31 SE=Operating on January 1, in Suspense on December 31 SM=Operating on 1/1 & 12/31, in suspense for a period during the year SBE=In Suspense on 1/1 & 12/31, License reactivated for a period during the year
25. Utilization Type	1=Skilled Nursing 2=Intermediate Care 3=Intermediate Care/Developmentally Disabled 4=Skilled Nursing/Mentally Disordered 5=Congregate Living 6=Mixed: Skilled Nursing (Gen) & Intermediate Care (Gen) 7=Mixed: IC/DD or SN/MD and SN/IC (Gen.)

26. Report Status	A two digit numeric code that gives the status of the utilization report 01=License in suspense all year; no report required 02=License in suspense, data reported 03=License in suspense, non-responder 04=Facility closed, data reported 05=Facility closed, non-responder 06=Licensed, but not in operation 07=Facility open, data reported (most hospitals) 08=Facility open, non responder 09=Facility open, partial year data reported (change of ownership) 10=Facility open, report a combination of data from 2 (or more) owners 11=Closed, data unavailable 12=New; first licensed in current reporting year, data reported 13=New; first licensed in current reporting year, non-responder
27. License Type	1=Skilled Nursing (General) 2=Intermediate Care (General) 4=Intermediate Care/Developmentally Disabled 6=Congregate Living
28. Phone Number	The main business phone number of the facility
29. Dates of Operation: From (CCYYMMDD)	An eight-digit numeric code (the first half of a data item) that reveals a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or after or was delicensed (closed) 12/31 or before, that it would be necessary to complete this item (Month=01 through 12, Day =01 through 31).
30. Dates of Operation: Through (CCYYMMDD)	An eight-digit numeric code (the first half of a data item) that reveals a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or after or was delicensed (closed) 12/31 or before, that it would be necessary to complete this item (Month=01 through 12, Day =01 through 31).
31. Licensee (Ownership Type)	A two digit numeric code that designates the ownership of the hospital: 11=State 12=County: County or City or Hospital District 20=Nonprofit - Church Related 21=Nonprofit - Corporation 22=Other Nonprofit 23=For Profit-Partnership or Corporation or Individually Owned 00=Unknown (for facilities not submitting a report)
33. Hospice offered during the reporting year	Indicates whether or not a hospice program was offered. 1=Yes; 0=No

34.-38. Long Term Care Services	A one digit numeric code which indicates whether the hospital was certified or contracted for these services. 0=Not certified; 1=Certified
39.-50. Length of Stay In Facility	A maximum 4-digit number indicating, by grouping, the length of time a discharged patient was in the hospital.
51. Patients diagnosed with AIDS, ARC or HIV Related Disease	A maximum 4-digit number indicating the number of patients in special programs for hospital based LTC's.
52. Specialized Alzheimer's Program	A number 1 indicates the facility has a specialized program for Alzheimer's patients.
53. Patients w/Primary or Secondary Diagnoses Alzheimer's disease	A maximum 4-digit number indicating the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease during the calendar year.
54. - 59. Patient Census on December 31, Prior Reporting Year	A maximum 4 digit number indicating the number of patients by bed classification on the census day of the prior reporting year.
60. - 71. Admissions	A maximum 4 digit number indicating the number of admissions during the calendar year into the various LTC bed classifications and the places where patients were admitted from.
72. - 85. Discharges	A maximum 4 digit number indicating the number of discharges during the calendar year from the various bed classifications and where those patients were discharged to.
86. - 97. Patient Census on December 31-Current Reporting Year	A maximum 4 digit number indicating the number of patients by bed classification on the census day of the current reporting year and the primary reimbursement source by payer.
98. - 103. Patient (Census) Days	A maximum 6 digit number indicating the number of Patient (Census) Days by bed classification.
104. - 109. Licensed Beds	A maximum 4 digit number indicating the number of Licensed Beds by bed classification.
110. - 115. Licensed Bed Days	A maximum 6-digit number indicating the number of Licensed Bed Days by bed classification.
116. Facility Identification Number	A nine digit facility identification number assigned by OSHPD for reporting purposes
117. - 245. Age and Race/Ethnicity by Gender	A maximum 5-digit number indicating the number of Long term Care patients by Gender and Race/Ethnicity and Age groupings.
246. - 254. Subacute Care	A maximum four digit number indicating the number of Subacute Care beds contracted for on 12.31, the number of Subacute Care patients on 12/31 and whether they were under 20 years of age or over 21 years of age.
255. - 266. Place Subacute Patients Admitted From	A maximum four digit number indicating where the patients in subacute care were admitted from.

267. - 280. Place Subacute Patients Discharged To	A maximum four digit number indicating where the subacute patients were discharged to.
281. - 300. Number of Subacute Patients on 12/31 that Required the Treatment/ Procedures listed.	A maximum four digit number indicating the number of Subacute patients on the census day (12/31) that required the listed treatments or procedures.

APPENDIX A

Annual Utilization Report – Long Term Care Facility
1998

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES – 1998

1.   **GENERAL INFORMATION AND CERTIFICATION**

1. D.B.A (Doing Business As) of the Facility:		2. Report Contact Person:
3. Phone Number: ( )	4. FAX Number: ( )	5. Facility Business Phone: ( )
6. Administrator Name:		7. Title:

Completion of the "Annual Utilization Report of Long-Term Care Facilities" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility. Failure to complete and file this report by February 15, may result in action against the facility's license.

CERTIFICATION

"I declare the following under penalty of perjury: that I am the current administrator of this facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."

Dated: _____   **By:** _____
                                                      (Administrator's Signature)

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

Return **BY FEBRUARY 15, 1999** to:
Office of Statewide Health Planning
     and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

```
                State Use Only

              Page 0 Line 1

   Status 3_____    Type 6_____
```

COMPLETE THIS PAGE ONLY IF THE FACILITY HAS CLOSED, WENT INTO SUSPENSE, NEWLY OPENED <u>OR</u> CHANGED LICENSEE/OWNERSHIP IN 1998.

A.   **DATES OF LICENSURE:** If the facility was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

	Col. 1		Col. 2	
1. FROM	Month	Day	THROUGH	Month	Day

B.   **LICENSEE (OWNERSHIP) TYPE:**

From the list below, select the ONE category that best describes the type of ownership (licensee) of your facility. …………………………………………… 2. ____

LICENSEE (OWNERSHIP) CODES		
NONPROFIT	**FOR PROFIT**	**STATE/LOCAL GOVERNMENT**
20 Church Related	23 For Profit, Whether:	11 State
21 Nonprofit Corporation	-Partnership	12 County, City, Hospital District
22 Other _____	-Corporation	
	-Individually Owned for Profit	

A.   **HOSPICE PROGRAM**

Enter the number 1 only if the facility offered a hospice program during the calendar year? ……………1 ____

B.   **CERTIFICATION:**

From the certification categories below, place a check on those categories for which your facility was certified or contracted during the year.

Medicare:	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal**
Skilled Nursing	Skilled Nursing	Intermediate Care	Intermediate Care/DD	Subacute
Line 5 (Col. 1) ____	(Col. 2) ____	(Col. 3) ____	(Col. 4) ____	(Col. 5) ____

C.   **Length of Stay in Facility** -- All patients <u>discharged</u> (See definition of "discharge" in instruction booklet)

TABLE A Discharges Long-term Care Patients by Length of Stay

Time in Facility	Line No.	Number of Patients
TOTAL DISCHARGES	11	*
Less than 2 weeks	12	
2 weeks less than 1 month	13	
1 month less than 3 months	14	
3 months less than 7 months	15	
7 months less than 12 months	16	
1 year less than 2	17	
2 years less than 3	18	
3 years less than 5	19	
5 years less than 7	20	
7 years less than 10	21	
10 years or more	22	

*Total discharges must be the same on page 4, line 3, column 6.

D.   **SPECIAL PROGRAMS**

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)? …………………………41_____

Enter the number 1 if your facility offered a specialized program for Alzheimer's patients?…….42_____

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease? ……………………………………………………………………………43_____

Long-term Care Services (Continued)
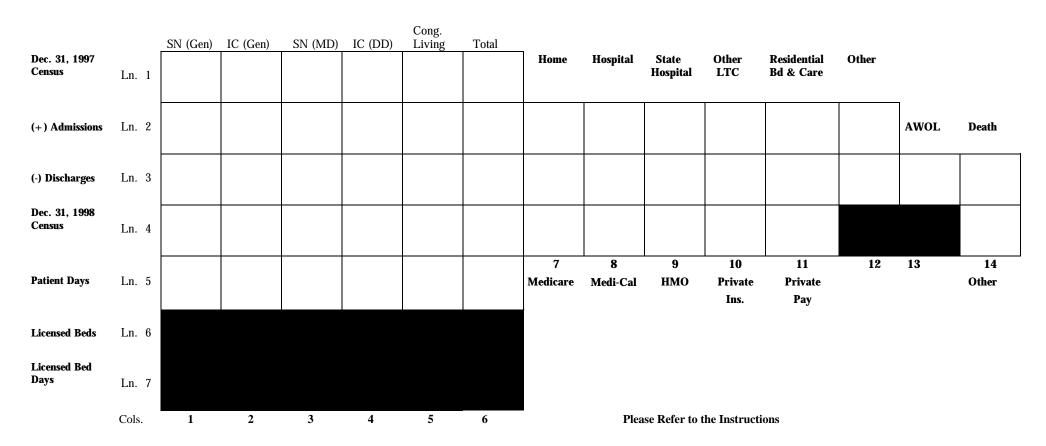### TABLE B – LONG TERM CARE INPATIENT UTILIZATION

COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:
(Line 1) + (Line 2) - (Line 3) = Line 4

Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown. The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (**Total**)

Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown. The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (Total)

Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31, whose principal source of payments was from the sources shown. The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (Total)

		SN (Gen)	IC (Gen)	SN (MD)	IC (DD)	Cong. Living	Total	Home	Hospital	State Hospital	Other LTC	Residential Bd & Care	Other		
Dec. 31, 1997 Census	Ln. 1														
(+) Admissions	Ln. 2													AWOL	Death
(-) Discharges	Ln. 3														
Dec. 31, 1998 Census	Ln. 4												■	■	
Patient Days	Ln. 5							**7** Medicare	**8** Medi-Cal	**9** HMO	**10** Private Ins.	**11** Private Pay	**12**	**13**	**14** Other
Licensed Beds	Ln. 6	■	■	■	■	■	■								
Licensed Bed Days	Ln. 7	■	■	■	■	■	■								
Cols.		**1**	**2**	**3**	**4**	**5**	**6**	Please Refer to the Instructions							

A. TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Facility on December 31 of the Reporting Year ……………………… _____

2. Number of **Male** Inpatients on December 31 of the Reporting Year. ……………………………… _____

3. Number of **Female** Inpatients on December 31 of the Reporting Year …………………………… _____

B. RACE/ETHNICITY AND AGE OF MALE LTC INPATIENTS ON DECEMBER 31.
Report These Patients by the Appropriate Age Groups:

	COL. 1 < 45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
4. White	_____	_____	_____	_____	_____	_____	_____
5. Black	_____	_____	_____	_____	_____	_____	_____
6. Hispanic	_____	_____	_____	_____	_____	_____	_____
7. Asian	_____	_____	_____	_____	_____	_____	_____
8. Filipino	_____	_____	_____	_____	_____	_____	_____
9. Pac Islander	_____	_____	_____	_____	_____	_____	_____
10. Native Am	_____	_____	_____	_____	_____	_____	_____
11. Other	_____	_____	_____	_____	_____	_____	_____
12. Total	_____	_____	_____	_____	_____	_____	_____

C. RACE/ETHNICITY AND AGE OF FEMALE LTC INPATIENTS ON DECEMBER 31.
Report These Patients by the Appropriate Age Groups:

	COL. 1 < 45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
13. White	_____	_____	_____	_____	_____	_____	_____
14. Black	_____	_____	_____	_____	_____	_____	_____
15. Hispanic	_____	_____	_____	_____	_____	_____	_____
16. Asian	_____	_____	_____	_____	_____	_____	_____
17. Filipino	_____	_____	_____	_____	_____	_____	_____
18. Pac Islander	_____	_____	_____	_____	_____	_____	_____
19. Native Am	_____	_____	_____	_____	_____	_____	_____
20. Other	_____	_____	_____	_____	_____	_____	_____
21. Total	_____	_____	_____	_____	_____	_____	_____

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES Enter Nine Digit I.D. |__|__|__|__|__|__|__|__|__

A.   MEDI-CAL SUBACUTE CARE PATIENTS

1. Total number of **Medi-Cal Subacute Care Beds** contracted for on December 31   _____

	Col. 1 Age 20 and Under	Col. 2 Age 21 and Over
2. Number of Medi-Cal Subacute Patients in the Facility on December 31.	_____	_____
3. Number of Medi-Cal Subacute Patients Admitted During the Year.	_____	_____
4. Number of Medi-Cal Subacute Patients Discharged During the Year.	_____	_____
5. Number of Medi-Cal Subacute Patient Days.	_____	_____

B.   PLACE *MEDI-CAL SUBACUTE* PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM:

10. Home	_____	_____
11. State Hospital	_____	_____
12. Residential Board and Care	_____	_____
13. Hospital	_____	_____
14. Other LTC	_____	_____
15. Specified Other	_____	_____

C.   PLACE *MEDI-CAL SUBACUTE* PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO:

20. Home	_____	_____
21. State Hospital	_____	_____
22. Residential Board and Care	_____	_____
23. Hospital	_____	_____
24. Other LTC	_____	_____
25. Specified Other	_____	_____
26. Death	_____	_____

D.   REPORT THE NUMBER OF *MEDI-CAL SUBACUTE* PATIENTS ON December 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED.   (A patient may require more than one treatment/procedure:)

31. Tracheostomy with Ventilator	_____	_____
32. Tracheostomy without Ventilator	_____	_____
33. Tube feeding (nasogastric or gastrostomy)	_____	_____
34. Total Parenteral Nutrition (TPN)	_____	_____
35. Physical Therapy	_____	_____
36. Speech Therapy	_____	_____
37. Occupational Therapy	_____	_____
38. IV Therapy	_____	_____
39. Wound Care	_____	_____
40. Peritoneal Dialysis	_____	_____